EF-264-AH-R12-0516-30000150-1 BOE-264-AH (P1) REV. 12 (05-16)

## **COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_\_. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



## Claude Parrish Orange County Assessor

Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779 www.ocgov.com/assessor

## This claim must be filed by 5:00 p.m., February 15.

CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	and mailing address)			
r ·	٦	FOR ASSESSOR	'S USE ONLY	•
		Received by		
		,	s designee)	
		of(county	or city)	
L	لـ	on	(-4-)	
NAME OF CLAIMANT		(d	ate)	
NAIVIE OF CLAIIVIANT				
TITLE OF CLAIMANT			AYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				
ADDRESS (Street, City, County, State, Zip Code)				
ACCEPTAGE AND A POST AND A POST A POS		DATE DROPEDTA	WAS FIDOT HOE	D DV OL ALBAANI
ASSESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION	DATE PROPERTY	WAS FIRST USE	D BY CLAIMAN I
Owner and operator: (check applicable bo	exes)			
Claimant is:	Owner only Operator on	ly		
and claims exemption on all Land	☐ Buildings and improvements	and/or Personal propert	у	
2. Does the above institution qualify as a col	lege or seminary of learning under	the laws of the State of California?		
YES NO  3. Is the institution conducted as a non-profit	ontitu?			
YES NO	enuty:	$\mathbf{V} \mathbf{V} \mathbf{J} \mathbf{I}$		
4. Does the institution require for regular adr	mission the completion of a four-year	ar high school course or its equivale	ent?	
YES NO				
<ol><li>Does the institution confer upon its gradual and sciences, or on a course of at least th</li></ol>				
veterinary medicine, pharmacy, architectu			dicirie, deriustry	y, engineening
YES NO				
6. Is the property for which the exemption is	claimed used <b>exclusively</b> for the p	urposes of education?		
YES NO				
<ol><li>List all buildings and other improvements sheet if necessary. Indicate whether lease</li></ol>				
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	7	
			LEASE	OWN
			LEASE	OWN
			LEASE	OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code?  YES NO  If <b>YES</b> , a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property takes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.		
10. Has any of the property listed above been used for business purposes other than a student bookstore?  YES NO If <b>YES</b> , please explain:		
11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain:		
12. Is any equipment or other property being leased or rented from someone else?  YES NO  If YES, list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. It property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If property, provide the name and address of the owner.  The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue Taxation Code.  ADDITIONAL REQUIRED DOCUMENTATION	real	
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.</li> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree.</li> </ul>		
<ul> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)</li> <li>Whom should we contact during normal business hours for additional information?</li> </ul>		
NAME TITLE		
DAYTIME TELEPHONE EMAIL ADDRESS		
CERTIFICATION		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.	 any	
SIGNATURE OF PERSON MAKING CLAIM  TITLE		
NAME OF PERSON MAKING CLAIM DATE	DATE	

